



BOARD OF OPTOMETRY
 400 R STREET, SUITE 4090
 SACRAMENTO, CALIFORNIA, 95814-6200
 (916) 323-8720
 www.optometry.ca.gov



APPLICATION FOR A STATEMENT OF LICENSURE

(Section 3075, Business and Professions Code)

FOR OFFICE USE ONLY

SOL # _____

Cashiering # _____

FEE: \$20.00

PRINT OR TYPE

1. NAME:

			OPT
Last	First	Middle	License number

2. PRINCIPAL PLACE OF PRACTICE:

					()
Number and Street	City	State	ZIP	Area Code	Telephone

3. SECONDARY PRACTICE LOCATION: (A separate application must be completed for each additional location.)

					()
Number and Street	City	State	ZIP	Area Code	Telephone

4. EMPLOYER(S) AT PRACTICE SHOW IN ITEM 3 ABOVE

NAME:			OPT
Last	First	Middle	License number
NAME:			OPT
Last	First	Middle	License number
NAME:			OPT
Last	First	Middle	License number
NAME:			OPT
Last	First	Middle	License number

I certify under penalty of perjury of the laws of the State of California that the foregoing is true and correct.

Signature

Date